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ABSTRACT

This model starts with the assumption that a drinking problem is a family problem. Alcoholism is seen as a complex, progressive illness dangerous not only to the individual drinker but also to his family, friends, and society as a whole. Early intervention is seen as important in dealing with the problem. Early warning signs and symptoms are set forth; as soon as the problem has been discovered, the counselor's role is seen as educating, assisting and supporting the family as a whole. Treatment involves a commitment to recovery from many friends and community members. By not covering for the drinker when he is unable to meet his commitments, they can help him confront reality and deal with it successfully. Criteria for success, like identification and treatment methods, are defined in terms of the whole family, not just the problem drinker. (Author/BP)

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THE FAMILY COUNSELING MODEL
AN EARLY INTERVENTION TO PROBLEM DRINKING

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A program of alcoholism education and information for individuals and the community.

By Don and Nancy Howard

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The Family Counseling Model educational system is based on the program developed by Don and Nancy Howard in Columbia, Missouri, in 1969. This method of education describes alcoholism, its nature and effects on both the alcoholic and the family. This process of including the family members of the problem drinker in a program of education and counseling is viewed as an increasingly important aspect of alcoholism treatment and recovery.

When the Howards established their program to involve the family and significant others in the early aggressive intervention approach, the traditional treatment model was to wait until the alcoholic had gotten so bad and the drinking problem reached such an intense situation that he or she had no choice but to seek help because of either loss of job, family, or health. The Family Counseling Model is to work with and through the family and/or significant others to reach the problem drinker at an earlier stage in the disease of alcoholism.

Alcoholism is a disease which will become progressively worse if left untreated or ignored. We found that most people believe they have to wait for the alcoholic to seek help before anything can be done; in the meantime the family members suffer the consequences of the drinking behavior, broken marriages, emotional disturbances within the family, learning problems in school, loss of job, trouble with the law, and so on. With each family the disease of alcoholism can take a different route but the progression is marked. We know from our years of experience with families at Family Counseling and the Family Training Center that there is no need to wait until the alcoholic is in the late stage before initiating treatment. Through early intervention into the problem drinker's life, the family members, employer, friend or relative can become involved in a recovery program that encourages the family in dealing with the reality of the situation and to communicate that reality to the problem drinker with love and responsible concern. The counselors who work with the family have several goals in mind:

1) Education of the family members about the disease of alcoholism, its effects on the problem drinker and the family;
2) Assist the family to develop a new sense of direction and improve communication; and
3) Support the family members in presenting reality to the problem drinker and allowing him or her to face the consequences of the drinking behavior.

The family members and significant others can do much to assist in motivating the problem drinker by demonstrating honest concern for the person and rejecting irresponsible behaviors. The family can initiate new actions and plans and learn what is happening to the problem drinker, the family and within themselves.

The early intervention approach depends on the community increasing its awareness of alcoholism as a disease, dispelling the myths that hamper early treatment, and where people can receive assistance for a drinking problem. We believe as people involved in the field of alcoholism and substance abuse that we have a big job---we have a selling job. We are sales people for responsible use and early treatment. We have to carry our message to the people in our community who do not understand the magnitude and intensity of alcoholism. This then is the mission that brought Family Counseling and Education in Alcoholism and the Family Training Center into being.

FAMILY COUNSELING MODEL

To work with and through the family and other significant persons to the ALCOHOLIC

A DRINKING PROBLEM IS A FAMILY PROBLEM

A program that will make it in the community and gain community support will have an underlying philosophy, a reason for being, a core, a foundation. The message on this card speaks the philosophy of the Family Counseling Model.

The Revised Jellinek Scale indicates that approximately 5% of a town or city's population would be alcoholic. This percentage along with the four or five other persons either directly or indirectly affected by the drinking alcoholic---a spouse, parent, child, employer, etc., means that 25% of the community can be affected by alcoholism. What is the amount of financial support your community gives to alcoholism education, prevention and treatment as compared to other health problems?

The Family Counseling Model is to work with and through the family and other important persons to be able to stabilize the family and, hopefully, assist the alcoholic to seek help earlier. We use the words alcoholic and problem drinker synonymously as we believe an alcoholic is a person whose drinking is presenting problems in his or her life. We found during our years in giving educational presentations that when we talked about alcoholics we confused people or turned them off---they didn't identify the word "alcoholic" with themselves as they held the stereotype images or they feared the stigma in identifying an alcohol problem. People can identify easier using the term "problem drinker." Our main interest is that people listen and come for treatment earlier. A name, label or term can be discussed at a later time with the individual person.

A drinking problem is a family problem---alcoholism affects every member of the family psychologically and at times even physically with increase in acidents, incidence of physical abuse and from the tension and stress.

ALCOHOLISM IS A COMPLEX ILLNESS:

- PROGRESSIVE IN NATURE
- PSYCHOLOGICAL &/or PHYSICAL DEPENDENCE
- PROBLEMATIC USE OF ALCOHOL
  1. physical
  2. mental
  3. social
  4. economic

1956 - A.M.A. published findings that ALCOHOLISM is a disease.

People have been hassling for years over a "just right" definition of alcoholism that would be acceptable to workers in the field, the researchers, doctors, counselors, social workers, alcoholics, etc. This definition is comparable to the one utilized by the World Health Organization and found in much of the literature. Alcoholism is a complex illness in that it affects all the areas of a person's life. It is progressive---the alcoholic who continues to consume alcohol will follow the progression of the disease. Alcoholism results in psychological and/or physical dependence; in the early stages the person is psychologically dependent on alcohol and in the later stages can become physically addicted. Alcoholism is manifested by the problematic use of alcohol resulting in problems in one or more of these areas in a person's life. Now the areas listed are the major areas and can be further defined into particular examples, i.e., relationships with family members, problems on the job, inability to express emotions, temporary memory loss, etc.

In 1956 the American Medical Association published findings that alcoholism is a disease utilizing some of the following criteria:

·ALCOHOLISM·

- **1) SHORTENS LIFE SPAN** (12-15 yrs.)
  - physical & mental deterioration
  - suicide
  - death on highways
  - job & home accidents
- **2) OBSERVABLE SYMPTOMS**
  - pre-drinking drinking
  - change in tolerance
  - minimize quantity
  - blackouts
  - "If only..."
- **3) PSYCHOLOGICAL &/or PHYSIOLOGICAL ADDICTION [when alcohol is withdrawn in the late stages]**
  - SYMPTOMS: delerium tremens ('shakes')
    hallucinations

Alcoholism can shorten a person's life by 12 to 15 years. An alcoholic who is drinking for a number of years can experience physical deterioration and the damage of internal organs and tissues of the body can shorten his/her life expectancy by 12 to 15 years.

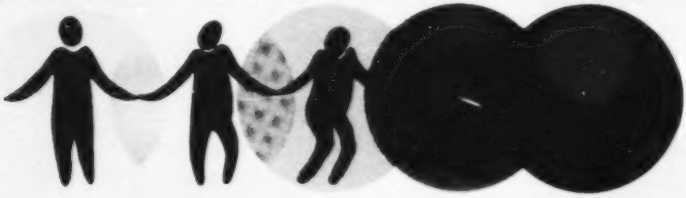
Approximately one-third of all suicides in this country are alcohol-related. According to the American Association of Suicidology over half of the adolescents who commit suicide are involved in drug abuse or heavy drinking shortly before their deaths. A high percentage of suicides among young people is found in "disturbed" homes, homes in which families move frequently, severe financial problems exist, one parent is absent, alcoholic, or institutionalized. Approximately 50% of all highway deaths are attributed to drinking and driving. One thing we emphasize in the Family Forum and in our educational programs is NOT to ride with the drinking driver. You may not be able to change the drinking driver's mind but you can change yours. Families with alcoholism often have a higher rate of accidents either at home or on the job. A person's personnel record can reflect a drinking problem in the family by the high rate of absenteeism, tardeeism, accidents, irritability, errors in judgment.

Alcoholism has observable symptoms. We have listed only a few and many more could be added to the ones listed here. Pre-drinking drinking is drinking before a person goes out to drink, i.e. a party, ball game, a dance, dinner. Change in tolerance means that people experience a change in the effect alcohol has on their body and ability to function. At one time a person may have a tremendous capacity for alcohol, as the person moves into the later stages, it can take less alcohol to produce the same effects as a lesser amount. Another early sign is in the beginning stage of alcoholism, people (mostly men) may brag about how much they can drink. As they progress and realize they may have a drinking problem, they minimize how much they drink being worried and fearing identification. Blackouts refer to a temporary loss of memory of a few minutes to hours or longer periods of time. A person in a blackout may look and appear as if nothing is wrong and a blackout may not be evident to anyone. Blackouts can produce anziety and embarrassment as a result of not being able to remember what happened. The person may fabricate a story in order to explain or cover up a situation. Problem drinkers usually do not want to talk about their drinking patterns---the last thing in the world the person wants to do is discuss how much he/she drinks. The alcoholic may choose someone else who drinks more and more often in order to make a comparison: "You think I drink. Well how would you like to be married to Joe? Now there's someone who really drinks!" The "if only's" refers to the million and one reasons why things aren't going right, the blaming and projecting problems or inadequacies on other people, places or things...if only she had finished school,

if only my wife was more understanding, if only my boss wasn't such a jerk, if only his mother..., and so on.

Alcoholism results in psychological dependence and physical addiction in the late stage. In the later stages, when alcohol is withdrawn, the person may experience delirium tremens and hallucinations.

ALCOHOLISM IS PROGRESSIVE:

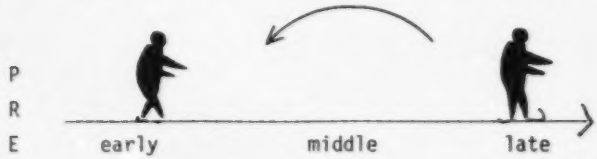


THE PROBLEM DRINKER WHO CONTINUES TO USE ALCOHOL EXCESSIVELY WILL PROGRESS THROUGH ALL THE STAGES.

LATE STAGES:

1. unemployment
2. emotional disturbance
3. breakdown of family unit
4. physical & mental deterioration
5. institutionalization

When we give an educational presentation we draw a line on a blackboard to represent the progression of alcoholism with the words early, middle, and late written under the line.



A figure representing a person is drawn in the area of the late stage and another figure drawn in the area of early stage. Most people are familiar with the person in the late stage, the chronic alcoholic, but people don't think about the fact that the person at one time was in the early stage and had a family and a job. A line is drawn backwards from the late stage

figure to the figure in the early stage. A person with a drinking problem who continues to drink will get progressively worse. We want to reach the man or woman before they reach the late stage. This is what we are about---early intervention. We want to be able to identify and treat people earlier before they experience the effects of the late stage: unemployment, severe emotional disturbance, breakdown of family unit, physical and mental deterioration, institutionalization.

As responsible members of the community, as people who respond to health problems in the community, we respond to this problem. We have a responsibility to the problem drinker and the families to identify and treat early. We can. There are ways.

THAT INTERFERE & PREVENT EARLY TREATMENT

- **THE ALCOHOLIC MUST 'HIT BOTTOM' BEFORE HE/SHE CAN SEEK HELP OR BE HELPED.**
- **THE FAMILY CAN DO NOTHING WHILE THE ALCOHOLIC IS STILL DRINKING.**

Over 90% of the families who come to FAMILY COUNSELING, the Alcoholic is still drinking.

The myths perpetuated throughout time about alcoholism and drug abuse have interfered and hampered early identification and treatment. Some myths should be discussed as they are vital to our effort to helping people earlier. The first is that the alcoholic must "hit bottom" before he or she can get help. Think about that. Is there any other disease you can think of that demands loss of all that is valuable and dear to the person before treatment is initiated. Alcoholism affects the entire family; this means that the family members must suffer while they wait

for the bottom. That's like saying that one morning the alcoholic will wake up and say, "I need help." We know from our experience over the years that a family with assistance can create an atmosphere of reality around the problem drinker to encourage him or her into treatment earlier. Another myth is that the family can do nothing while the alcoholic is still drinking. The family can do many things. First, they can learn what alcoholism is and how it has affected them and their families. Counseling can produce understanding---what actions they can take---action versus reaction. Family members can learn to feel good about themselves again and ways to handle the reality. The alcoholic has difficulty living with people who can live in reality and not cover up, deny or blame.

Over 90% of the families who come into Family Counseling do so when the alcoholic is still drinking. You don't have to wait and do nothing.

WHY WE CAN'T WAIT **FOR THE ALCOHOLIC TO SEEK HELP?**

....Because it might not happen!

WHAT CAN WE DO–

- **1. Family identifies the problem through education & community awareness.**
- **2. Family becomes involved in planned program of recovery.**
  - **education and information on alcoholism**
  - **self-awareness**
  - **awareness of family dynamics**
  - **initiation of reality-orientated actions/ responses**

We can't wait is a simple statement. We have known people who did not receive help because no one would dare speak to the person about the problem. The family believed they could do nothing until the alcoholic hit bottom and as a result the person, all the family members, went without help. We can't wait.

We can saturate the community with information about alcohol use, alcohol abuse, and alcoholism---information that explains alcoholism as an illness and where help is available. We can create optimism about treatment and hope wherever we speak.

The family can identify the problem through education and community awareness. They find out what is happening to their family and what they can do by reading the newspaper, watching television, listening to the radio, from the church they attend, and the pamphlets they find in the doctor's, lawyer's, or dentist's offices; they see and hear there is a program in their community; they can get help and learn there is no stigma in seeking assistance. We can raise the level of individual and community awareness by planning and doing.

The family becomes involved in a planned program of recovery. They may attend the Family Forum, a structured approach to education, self-awareness and action. Self-awareness helps the family members in expressing their thoughts and feelings and taking action rather than continuing to depend on the problem to direct them. The family members quit walking on eggshells waiting to see what the problem drinker is going to do---they respond to the problem drinker with reality and concern.

PROGRESSION OF ALCOHOLISM

METHODS OF EARLY INTERVENTION BY F.C.:

1. Educational presentations & community awareness churches, schools, civic groups
2. In-service training of social service personnel
3. D.W.I. Contacts
4. Door-to-door awareness program (volunteer)
5. Multi-media advertising (bumper stickers, bus signs, matchbooks, brochures)
6. Individual & group counseling with family members and alcoholic

Early intervention is the focus of the Family Counseling Model. Early intervention uses techniques to alert and bring the community and families into awareness about alcoholism. We employ a method called a "touch system." People exist in communities who don't know they can get help for a drinking problem in the family. The touch system refers to the variety of contacts/influences utilized to inform these people. A cumulative effect is produced by this method. The one ad, letter, or article may not make a great impression on its own but a series of contacts will affect the memory.

We reach people through educational presentations at all levels of the educational system, civic groups, churches; writing letters to lawyers, doctors, dentists, clinics, places that serve people; informative pamphlets are distributed to libraries, waiting rooms and homes. We contact the people who serve people and let them know who and what we are about and ask them when we can leave brochures, or speak to their group, or work with their staff. We are not speaking of a bleeding heart message, but education about alcohol use and abuse, about families, about alcoholism, about the family counseling model. After working for so many years in the field of alcoholism and drug abuse, we take it for granted that people know what we know about the effects on families and communities, yet many people do not know the impact alcoholism has on the community in terms of lives, families, and economics.

In-service training provides a service to other social service agencies in the community and can be a recriprocal activity, an exchange of information between helpers. People who work helping people are going to come into contact with drinking problems and in-service training can provide them with the know how to identify and refer. Give other agencies the opportunity to utilize your program as a resource and enlarge your own knowledge about their resources.

A DWI contact refers to letters sent to persons who have received a citation for Driving While Intoxicated. The newspaper publishes these names and address. We send them a letter addressed to Mr. and Mrs. so it can be opened by either person. The letter simply lets the person know that we saw they had received a citation and that our services are available if they are interested.

The door-to-door awareness campaign utilizes the services of volunteers who canvass a neighborhood. Every community or city can be divided into small manageable segments making such a campaign possible as an on-going program. The volunteer knocks on the door with a brochure in hand, "Hello, my name is _____ I'm a volunteer with Family Counseling. We are working in your

area today letting people know about our service. If you would like any further information, please contact Family Counseling. Thank you."

The volunteers are given a training session involving some alcoholism and agency education and the proper conduct for canvassing. They might do some role playing beforehand to insure positive approaches.

Other awareness techniques are: bumper stickers, matchbooks placed in cigarette machines, ads on buses and brochures in as many places as possible. We want to get information into people's homes and hands. All letterheads and brochures carry our logo of the family, giving people information and the additional message of the family.

A program has to begin slowly building a solid base in the community before they can offer a dozen different services. The educational programs are a must---to create awareness of your program for clients and funding. We refer and receive referrals from Alcoholics Anonymous and Al-Anon.

PROGRESSION of ALCOHOLISM in the FAMILY

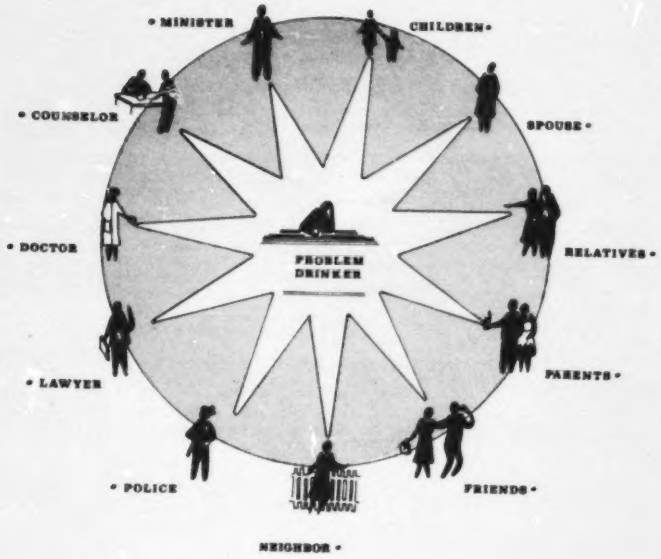
- **Burial of feelings and problems**
- **Vague and unclear communication**
- **Confusion**
- **Chain reaction affect**
- **Unresolved conflicts**
- **Deterioration of relationships**
- **Emotional inconsistency**
- **Pretending & distortion of reality**
- **Unrealistic goals**
- **Excusing irresponsible behavior**
- **Embarrassing / blaming**
- **Abrupt shift in role responsibility**
- **"Walking on eggshells"**
- **Home remedies**
- **crisis to crisis to crisis**

The progression of alcoholism in the family is characterized by disturbances in behavior and emotion of the family members. The family with a drinking problem usually experiences communication problems of varying degree. People take turns hiding, covering up the drinking, being afraid, searching for the answers, blaming, all of which produce confusion and a loss of direction for each member and the family as a unit. The family's history is one of buried feelings and unresolved problems. The phrase unrealistic goals applies to not just the problem drinker but other members of the family. The spouse makes rash decisions and plans without thinking through how they can be met or handled. Spoken decisions become idle threats and thwarted plans bring frustration. People pretend and deny reality believing things will be different and set unattainable goals for themselves and others, dreaming of how they would like it to be.

The relationships within the family and between various members are strained and tense. Fears, rejections, unfulfilled promises and lost expectations isolate each person. A man may be very reluctant to speak about his wife's drinking to any other person believing he is at fault and thinking no other person would understand the situation. After all shouldn't he be in control of his family. A woman is embarrassed by her husband's actions and hides within the safety of home trying desparately to believe things will change, unable to make decisions as to what is best for her children, or herself, often believing she truly is inadequate as her spouse says she is. The progression of the family is marked by constant and consistent disturbances of plans, emotions, and routines of living. The only dependable aspect of life is the unpredictability of the alcoholic.

A pattern emerges in a series of hills and valleys. The hills represent the crisis that occur and the valleys the burial of feelings and unresolved problems. Families experience a crisis usually surrounding a drinking episode or the consequences of one. Most often things improve as pressure is placed on the person to quit drinking or slow down---for a short period of time. People eventually return to their old ways of being and after a time the pressure is lifted and before long another crisis. In the later stages, life is almost all crisis. People do the "walking on egg shells" during the period of quiet, in the valleys. These occurrences and conditions vary from one family to another and families are as different as individuals, but the family with a drinking problem usually experiences many crisis with unresolved conflicts or ineffective solutions.

⊙CYCLE OF REINFORCEMENT⊙



The cycle of reinforcement is represented by the circle with the problem drinker in the middle. The significant others in the problem drinker's life surround the circle. These people will vary with the individual, yet we all have significant other persons in our lives. These people are referred to as the enablers as many times they, by their lack of knowledge and understanding of alcoholism, assist this person to continue in the drinking behavior. The enablers become involved in what is called the conspiracy of silence---be it the spouse, the minister, the counselor, social worker, parents, relatives, neighbors. These people most often act out of love and not knowing what to do, they react to the problem drinker's actions.

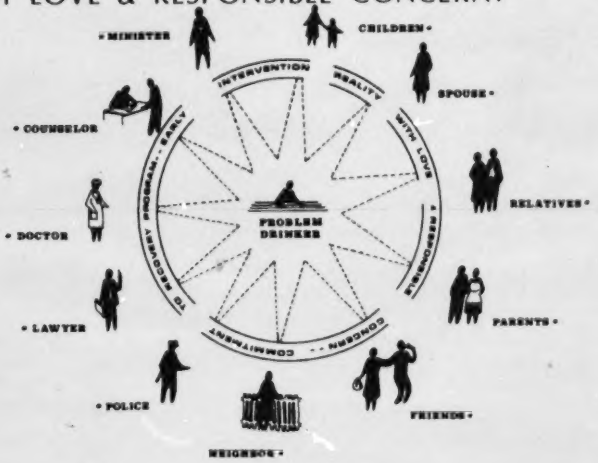
Some classic examples of enabling: Calling in to work for the problem drinker saying, "I'm sorry Joe won't be able to come in today. He's sick." The parents enable by excusing behavior, "If only she had gotten along with her teachers---just a few breaks in life." A doctor harried and busy gets only part of a story and prescribes tranquilizers. Children are told not to talk to dad about his drinking. Appointments and engagements are broken because of this or that but never because of the drinking. People help the problem drinker cope with life, rescue him or her

from experiencing the realities of life. More examples are found in the manual, A FAMILY APPROACH TO PROBLEM DRINKING.

The Family Counseling Model asks the family and significant others to become involved in a planned program of recovery, a program of reality actions taken with love and responsible concern for themselves and the problem drinker. The enablers discontinue picking up the consequences of the drinking behavior and allow the problem drinker to feel and work through the consequences. If the problem drinker writes a "rubber" check, he or she calls the bank or creditor. The spouse or other family member talks to the doctor. If the problem drinker receives a DWI, he or she must retain the lawyer or go to court.

The enablers have to understand that by rescuing the person, by relieving the stress and tension for the person, they are prolonging the illness. Enabling actions help the person in the progression of the illness.

FAMILY COUNSELING: ·EARLY INTERVENTION; ·COMMITMENT TO RECOVERY PROGRAM; ·REALITY WITH LOVE & RESPONSIBLE CONCERN.



As mentioned earlier the family becomes involved in a planned program of recovery. They learn how to give the problem drinker the responsibility for his or her own life; how to face the reality of situations. We take away the irresponsible spoke and replace it with responsible and leveling supports.

When the family members begin to demonstrate new methods of being, expressing feelings and leveling with the problem drinker, it is as if they remove the old spoke. The wheel (or cycle) becomes wobbily and the problem drinker realizes after a period of time that they can either wobble or accept the new support demanding responsible behaviors.

The family does not "drop bombs" out of a clear sky but prepares for the incidents that have occurred time and again. The situations that are part of the family's track record. The spouse and other family members consider other ways of handling these situations and practice or role-play leveling and expressing feelings. They inform the problem drinker about changes little by little and before a situation reoccurs. If a decision is made not to ride with the problem drinker when he/she is drinking they tell the person of this decision ahead of time. They don't wait until 2 in the morning as the problem drinker in an intoxicated condition gets behind the wheel of the car and then decide to take a cab. Preparation and practice make most things in life easier.

The new behaviors can break the cycle of alcoholism. The problem drinker has a low tolerance for conflict and things not going his or her way. Most problem drinkers believe their survival depends on controlling others in order to maintain their consumption of alcohol. We do not say to pull away life supports without always offering other positive avenues. The spouse or family member may not know whether or not they love the person but in order to initiate these actions, they must indicate a concern for the person.

CRITERIA FOR "SUCCESS"

SUCCESS is neither limited to nor confined to the alcoholic.

SUCCESS is neither defined as/nor limited to total sobriety for the alcoholic.

Success is neither limited to nor confined to the alcoholic but encompasses the entire family. We hope to reach the problem drinker earlier because we are looking at the entire family, are willing to accept the person who walks through the door as the client, and helping the person in the problem drinker's life who wants assistance. We work with that person's self-worth and ability to self-actualize, to realize the potential he or she has. We work with a family member, thereby, affecting other relationships and communication within the family.

Success is neither defined as/nor limited to total sobriety for the alcoholic. This does not mean that we do not believe in total abstinence as a treatment method. At this time, we do not believe that an alcoholic can become a "social drinker." What the sentence means is that we work towards total sobriety and accept the steps inbetween and all the people involved are important. We look for improvements in many areas hoping to achieve the goal of total sobriety. We talk about total sobriety during treatment but do not reject nor turn away the person who is trying and making headway.

Our goal is to involve as many family members as will become involved. All members of the family are important; the problem drinker is important. Education is our primary process of change believing that knowledge can light the candle in the dark. Accurate information dispels the myths and the "I can'ts."

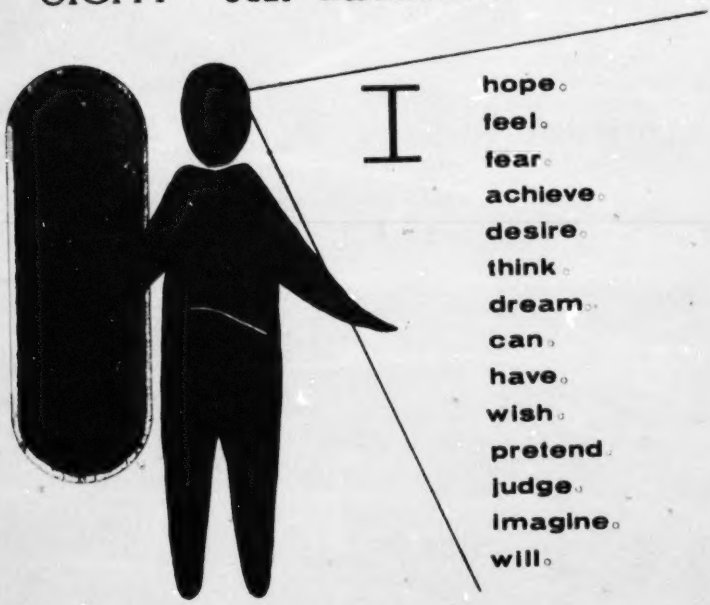
"SUCCESS" INVOLVES THE TOTAL FAMILY

- 1. EDUCATION OF THE FAMILY ABOUT ALCOHOLISM
- 2. STABILIZATION OF FAMILY MEMBERS LIVES AS INDIVIDUALS & AS A UNIT:
  - a. improvement of self-esteem
  - b. ability to self-actualize
  - c. express feelings & improve communications
- 3. IMPROVEMENT OF CIRCUMSTANCES & CONDITIONS OF LIVING FOR FAMILY:
  - a. health
  - b. employment
  - c. school
  - d. marriage or divorce
  - e. housing
  - f. finances

Stabilizing the family members is defined as improvement of self-esteem, ability to self-actualize (able to make plans and decisions), express feelings and improve communications. In all our years of experience, we have not met a family with a drinking problem that did not need improvement in one of these areas.

Improvement of circumstances and conditions of living for family in any of the areas listed: health, employment, school, marital situation, housing, finances. You can measure changes in many of these areas. The Family Forum has a pre and post test that can measure changes in attitudes about self and alcoholism. Has the employment record improved? Are the children doing better in school? Are you more comfortable with expressing feelings? How is the person's health as compared to the first session? All of these factors can be measured and success does not have to be measured in miles but can be measured in increments that are attainable to the individual client and family.

"I" SIGHT = SELF-AWARENESS



Our goal in counseling and working with individuals and families is to help the persons develop a more positive sense of "self." People who live with a drinking problem usually have distorted images of themselves thinking they are inadequate, unworthy, of little value. Our concept of self begins developing from birth and primary influences play a large role in shaping our "self."

The mirror symbolizes the feedback and messages we receive from others that influence our development. If we live in a house with distorted mirrors, we do not have a true image of who we are. Often times, we may reflect an unclear image to others about who they are because we are uncertain of our own self or are afraid to allow any one to see us clearly. Individual and group counseling can provide more valid reflections and feedback helping a person to see his or herself realistically.

A drinking problem can be the scapegoat for all the problems in a family. The drinking problem probably is not the root of all difficulty, however, it can create a fog that keeps people away from seeing or solving problems. The drinking problem produces a static environment preventing positive growth or accurate feedback for any members demanding focus on negatives and problems. Our program provides the opportunity to begin the process of self discovery---a true reflection to retain or change.

THE FAMILY TRAINING CENTER

The Family Training Center's programs on early intervention and family counseling combines didactic and experiential presentations in alcoholism, counseling, family systems and group process. The agenda offers activities involving the participants in the learning process giving them an opportunity to exchange ideas and experiences through discussion, exercises, role playing and group dynamics. The design of the program is to personalize information in order to expand a person's understanding of situations in the areas of alcoholism and family. A major portion of the program is devoted to presenting a family systems approach to understanding human behavior enhancing the participants' awareness of families in development, change, and crisis. Each person will explore his/her own feelings and thought processes as pertains to "family" in order to better assist and respond to persons within a family network.

Complementing these affective approaches and concepts in alcoholism and family counseling is a presentation on the "how to's" of developing, implementing, and/or broadening the family counseling services within their particular settings.

The Center's country atmosphere and family environment proivde the space and mood necessary for personal assessment, relaxation and energizing. Our style of living is informal sharing our resources as a family. Meals are prepared and served family style. The wooded acreage invites hiking and horseback riding is available. Swimming is available May through September.

The staff of the Center provides consultation and training throughout the country in counseling, administration, program and community development. For further information contact Don or Nancy Howard, Family Training Center, Box 1362, Columbia, MO, 65201, (314) 449-8423

Other materials available:

A FAMILY APPROACH TO PROBLEM DRINKING - $4.95

Visual Aides: A set of 13 posters (14 x 17½ inches, 4 ply) Mirokote on one side, corresponds with manual - $19.95

Pamphlet: The Family Counseling Model - $1.25
(One copy accompanies visual aide set)

For all materials add 10% postage and handling plus 4% sales tax unless tax exempt number is sent.

A Special Announcement

from the

FAMILY TRAINING CENTER

NEW — VISUAL AIDES, SLIDES, WORKBOOK'S AND PAMPHLETS ON THE FAMILY AND ALCOHOLISM

A set of 13 posters (14x17½, 4 ply, Miroksote) or 13 slides (ektachrome) following the book **A Family Approach To Problem Drinking** correspond with manual illustrations: definition of alcoholism, symptoms, progression of alcoholism, family effects, reinforcement cycle by significant others; effective tool for group presentations, education, individual and family counseling settings. A narrative explaining each card or slide is included.

A FAMILY APPROACH TO PROBLEM DRINKING

A NEW 186 PAGE WORKBOOK

A planned counseling program that challenges myth and clearly demonstrates that the family does not have to wait for the problem drinker to "hit bottom" before initiating a program of recovery.

This Workbook provides:

for the counselor or teacher:
- An educational program to utilize on an individual or group basis;
- A program to help stabilize the significant people in the problem drinker's life.
- A counseling approach for the family members which complements the counselor's style;
- A planned program for family, friends, employers to assist the problem drinker.

for the client:
- Information and education on alcoholism: The client can actively be involved in his/her own therapy.
- the support necessary to TRY new actions that systematically create an atmosphere of reality and helps family to discontinue picking up the consequences of the problem drinker's behavior.
- a safe environment for the beginning journey into "self;"
- a design to enhance and understand communication within the individual and the family.

The Authors: The Family Forum has been developed and facilitated by Don and Nancy Howard as part of their Family Counseling program in Columbia, Mo. The Howards founded the counseling program in 1969, based on their philosophy of **early aggressive intervention**; to work with and through the FAMILY to assist the problem drinker rather than waiting for the person to "hit bottom." This process of education and counseling FAMILY members of the problem drinker is an increasingly significant aspect of alcoholism treatment and recovery. Stabilization of the FAMILY through education & understanding is necessary in the recovery process.

The Forum provides a structure for the counselor and FAMILY which educates, reassures, and validates the FAMILY's seeking assistance for the drinking problem. The evolution of the early intervention model is presented along with the rationale for this FAMILY approach, viewing alcoholism as affecting the entire family. Our program approaches the FAMILY as a dynamic system capable of change--a change that can be initiated by any if its members.

Mr. Howard is past Director of the Division of Alcoholism and Drug Abuse, State of Missouri Department of Mental Health. Nancy and Don Howard are Co-Directors of the Family Training Center. The Howards have twenty-five combined years of marriage counseling experience in St. Louis and Columbia working with families in the field of alcoholism, drug abuse. Don Howard is a consultant to the National Institute of Alcohol Abuse and Alcoholism and both Howards are consultants to various alcoholism agencies and training programs throughout the country. The Howards have been Co-Directors of the National Institute on Alcohol and Family Studies, sponsored by the University of Missouri-Columbia and Family Counseling and Education in Alcoholism; the past three years and present various workshops and Institutes on Family, Marriage, Youth and Substance Abuse.

Don and Nancy Howard are pioneers in developing the early aggressive approach to families in the field of alcoholism and drug abuse and mental health. The Family Forum has proved to be an excellent and valuable program in offering assistance to the counselor and the family. The Howards have been married 18 years, have three children and live in Columbia, Missouri.

Mail to: NANCY HOWARD
Family Training Center
P. O. Box 1382
Columbia, MO 65201
314-449-9423

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_____	DN 1 - A Family Approach to Problem Drinking 10-30 @4.75, 31-99 @4.50, 100-299 @4.25, 300 and up @4.00. Orders of 100 or more include a FREE set of Family visual aides or slides	4.95	_____
_____	DN 2 - A Guide for Facilitating the Family Group Approach to Problem Drinking	1.50	_____
_____	DN 3 - A Self Assessment & Sexual Awareness Workbook	3.50	_____
	Family Visual Aides & Slides The Family Counseling model presented manual included		
_____	DN 4 - 13 - Miroksote finish cards (14x17½) 4 ply	19.95	_____
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	Narrative included on both Per set $15.00, 5-10 sets $14.00, 10-15 sets $13.00		
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